

Our Family Plan



Use this packet to collect all of your family's important information and keep it together in one safe place, such as a safe deposit box or a fire-proof safe.

Emergency Numbers and General Information

Emergency Telephone Numbers

In case of a life-threatening emergency, dial 911

Police –

Fire –

Sheriff –

Consulate of my home country –

Important/Family Contacts in the US

Name:

Home Phone:

Work Phone:

Relationship:

Name:

Home Phone:

Work Phone:

Relationship:

Name:

Home Phone:

Work Phone:

Relationship:

Important/Family Contacts in countries other than the US

Name:

Home Phone:

Work Phone:

Relationship:

Name:

Home Phone:

Work Phone:

Relationship:

Name:

Home Phone:

Work Phone:

Relationship:

Information for Insurance Policies

Home/Renters:

Company:

Phone Number:

Policy Number:

Auto:

Company:

Phone Number:

Policy Number:

Health:

Company:

Phone Number:

Policy Number:

Important Medical Information

Doctor:

Phone Number:

Doctor:

Phone Number:

Pediatrician:

Phone Number:

Medical Equipment

Name of Company:

Telephone:

Account Number:

Pharmacy

Name:

Phone Number:

Hospital

Name:

Phone Number:

Important Family Records

Work Phone Numbers

Employer #1

Name of Company:
Phone Number:
Supervisor:
Supervisor's Number:
Union Representative:
Phone Number:

Employer #2

Name of Company:
Phone Number:
Supervisor:
Supervisor's Number:
Union Representative:
Phone Number:

Employer #3

Name of Company:
Phone Number:
Supervisor:
Supervisor's Number:
Union Representative:
Phone Number:

Important Vehicle Information

Make and Model of Vehicle #1:
VIN:
Loan:
Insurance:

Make and Model of Vehicle #1:
VIN:
Loan:
Insurance:

Attach a copy of the registration and a picture of each vehicle.

School and Daycare Contact Information

School #1

Name of child:
Name of school:
Name of teacher:
Telephone number:
Student ID number:

School #2

Name of child:
Name of school:
Name of teacher:
Telephone number:
Student ID number:

School #3

Name of child:
Name of school:
Name of teacher:
Telephone number:
Student ID number:

School #4

Name of child:
Name of school:
Name of teacher:
Telephone number:
Student ID number:

Attach a copy of any Disaster Plan or policy of each school/daycare.

Social Security or ITIN Numbers (This information needs to be protected).

Name:
Number:

Name:
Number:

Name:
Number:

Name:
Number:

Name:
Number:

Attach a copy of each Social Security card.

Family Medical Information

Attach a copy of each family member's birth certificate and vaccination record, along with a recent picture.

Family Member #1

Name:

Date of Birth:

Driver's License Number:

Organ Donor? YES NO

Allergies:

Medications:

Medical conditions and history:

Family Member #2

Name:

Date of Birth:

Driver's License Number:

Organ Donor? YES NO

Allergies:

Medications:

Medical conditions and history:

Family Member #3

Name:

Date of Birth:

Driver's License Number:

Organ Donor? YES NO

Allergies:

Medications:

Medical conditions and history:

Family Member #4

Name:

Date of Birth:

Driver's License Number:

Organ Donor? YES NO

Allergies:

Medications:

Medical conditions and history:

Family Member #5

Name:

Date of Birth:

Driver's License Number:

Organ Donor? YES NO

Allergies:

Medications:

Medical conditions and history:

People who are permitted to pick children up from school/daycare

Name:
Home Phone:
Work Phone:
Relationship:

Name:
Home Phone:
Work Phone:
Relationship:

Name:
Home Phone:
Work Phone:
Relationship:

People who are NOT permitted to pick children up from school/daycare

Name:

Name:

Name:

**Be sure to inform school personnel about people who are and are not allowed to pick up your children. Update them of any changes.*

**If you have a Protection Order, please attach a copy of the document to this page and file a copy with your children's school/daycare.*

Legal Issues, Identity Theft, Safety and other Contacts in case of Fraud

For your safety, do not write your account or PIN numbers on this document.

Financial Contacts

Checking Account #1

Bank:

Toll-free Number:

Checking Account #2

Bank:

Toll-free Number:

Savings Account #1

Bank:

Toll-free Number:

Savings Account #2

Bank:

Toll-free Number:

Credit Card Companies

Name:

Toll-free Number:

Name:

Toll-free Number:

Name:

Toll-free Number:

Name:

Toll-free Number:

Legal Assistance

Legal Aid Office:

Civil Lawyer:

Criminal Lawyer:

Victim's Advocate:

Legal and Safety Contacts

District Attorney:

Court Clerk:

Domestic Violence Program:

Child Abuse Hotline:

Other Important Numbers

Emergency Care for Pets

Attach a photo of each pet.

Pet #1

Name:

Date of Birth:

Breed:

Description:

License/Registration Number:

Medications:

Medical History:

Pet #2

Name:

Date of Birth:

Breed:

Description:

License/Registration Number:

Medications:

Medical History:

Pet #3

Name:

Date of Birth:

Breed:

Description:

License/Registration Number:

Medications:

Medical History:

Veterinarian

Name:

Phone Number:

After-hours Number:

Animal Shelter/Humane Society

Name:

Phone Number:

Address:

Emergency Veterinarian

Name:

Phone Number:

Address:

Other Information